	ation to identify your case:				
Debtor 1	Joseph McComb		Check if this		
Debtor 2	Melanie McComb			ended filing ement show	ing postpetition chapter 1
(Spouse, if filing)	Melane McComb				following date:
United States Bank	kruptcy Court for the: EASTERN DISTRICT OF PENNS PHILADELPHIA DIVISION	SYLVANIA,	MM / D	D / YYYY	
Case number _1 (If known)	8-12258				
Official Fo	orm 106J				
Schedule	e J: Your Expenses				12/
information. If r (if known). Ans	and accurate as possible. If two married people are more space is needed, attach another sheet to this fewer every question.				
Part 1: Desc	cribe Your Household				
□ No. Go					
_	es Debtor 2 live in a separate household?				
<u> </u>	·	for Separate Householdof	Debtor 2.		
, , , , ,	ve dependents? No	Donandant'a ralationahir	to Don	andont's	Door dependent
Debtor 2.	Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationship Debtor 1 or Debtor 2	age	endent's	Does dependent live with you?
Do not state	e the				□ No
dependents		Daughter	20		■ Yes
		_			□ No
		Son	14		Yes
		Danishtes	40		□ No
		Daughter	13		■ Yes
		Son	11		□ No ■ Yes
expenses	repenses include of people other than and your dependents? ■ No □ Yes		··		■ Yes
Estimate your e	mate Your Ongoing Monthly Expenses expenses as of your bankruptcy filing date unless yo a date after the bankruptcy is filed. If this is a suppl				
	es paid for with non-cash government assistance if ssistance and have included it on Schedule I: Your 06I.)			Your expo	enses
	or home ownership expenses for your residence. In any rent for the ground or lot.	nclude first mortgage	4. \$		2,012.00
If not inclu	ded in line 4:				
4a. Real	estate taxes		4a. \$		0.00
	erty, homeowner's, or renter's insurance		4b. \$		0.00
	e maintenance, repair, and upkeep expenses		4c. \$		50.00
4d. Hom	eowner's association or condominium dues		4d. \$		118 00

0.00

Additional mortgage payments for your residence, such as home equity loans

Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: trash pick up cable, internet and home telephone and housekeeping supplies are and children's education costs ing, laundry, and dry cleaning hal care products and services al and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Wehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. (): ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17c.	\$	400.00 221.00 256.00 38.00 200.00 750.00 0.00 0.00 140.00 160.00 0.00 0.00 0.00 0.00 0.00 0.0
Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: trash pick up cable, internet and home telephone and housekeeping supplies care and children's education costs ing, laundry, and dry cleaning nal care products and services al and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Wehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	221.00 256.00 38.00 200.00 750.00 0.00 0.00 140.00 0.00 0.00 0.00 0.0
Telephone, cell phone, Internet, satellite, and cable services Other. Specify: trash pick up cable, internet and home telephone and housekeeping supplies are and children's education costs ing, laundry, and dry cleaning nal care products and services all and dental expenses ortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b.	\$	221.00 256.00 38.00 200.00 750.00 0.00 0.00 140.00 0.00 0.00 0.00 0.0
Other. Specify: trash pick up cable, internet and home telephone and housekeeping supplies are and children's education costs ing, laundry, and dry cleaning hal care products and services all and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	15a. 15b. 15c. 15d. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	38.00 200.00 750.00 0.00 0.00 140.00 160.00 0.00 0.00 0.00 200.00 0.00
cable, internet and home telephone and housekeeping supplies are and children's education costs ing, laundry, and dry cleaning hal care products and services al and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Wehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. W: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Other. Specify: Other of limony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17a.	\$	200.00 750.00 0.00 0.00 0.00 140.00 160.00 0.00 0.00 0.00 200.00 0.00
cable, internet and home telephone and housekeeping supplies are and children's education costs ing, laundry, and dry cleaning hal care products and services al and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations ince. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. It is included in lines 4 or 20. It is insurance. Specify: It is insurance. Specify: It is insurance of lease payments: It is payments for Vehicle 1 It is payments for Vehicle 2 It is payments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17a.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	200.00 750.00 0.00 0.00 0.00 140.00 160.00 0.00 0.00 0.00 200.00 0.00
and housekeeping supplies are and children's education costs ang, laundry, and dry cleaning and care products and services al and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations nce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. It car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17a.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	750.00 0.00 0.00 0.00 140.00 160.00 0.00 0.00 0.00 200.00 0.00
ng, laundry, and dry cleaning nal care products and services al and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations nce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 140.00 160.00 0.00 0.00 0.00 200.00 0.00
nal care products and services al and dental expenses cortation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations nce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. Improved the contributions and religious donations nce. Include insurance deducted from your pay or included in lines 4 or 20. Include insurance Other insurance. Specify: Include taxes deducted from your pay or included in lines 4 or 20. Include insurance and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 140.00 160.00 0.00 0.00 0.00 200.00 0.00
al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations nce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. Improved the contributions and religious donations nce. Include insurance Other insurance Other insurance. Other insurance. Specify: Include taxes deducted from your pay or included in lines 4 or 20. Include taxes deducted from your pay or included in lines 4 or 20. Include insurance included in lines 4 or 20. Included in lines 4 or 2	11. 12. 13. 14. 15a. 15b. 15c. 15d. 16.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 140.00 160.00 0.00 0.00 0.00 200.00 0.00
al and dental expenses portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations nce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. Improved the contributions and religious donations nce. Include insurance Other insurance Other insurance. Other insurance. Specify: Include taxes deducted from your pay or included in lines 4 or 20. Include taxes deducted from your pay or included in lines 4 or 20. Include insurance included in lines 4 or 20. Included in lines 4 or 2	12. 13. 14. 15a. 15b. 15c. 15d. 16.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	140.00 160.00 0.00 0.00 0.00 200.00 0.00
portation. Include gas, maintenance, bus or train fare. include car payments. ainment, clubs, recreation, newspapers, magazines, and books able contributions and religious donations nce. include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. Improve the contributions and religious donations The contributions and religious donati	13. 14. 15a. 15b. 15c. 15d. 16.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 200.00 0.00
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include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: Do not include taxes deducted from your pay or included in lines 4 or 20. We ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	15a. 15b. 15c. 15d. 16. 17a. 17b.	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0.00 0.00 200.00 0.00
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Life insurance Health insurance Vehicle insurance Other insurance. Specify: . Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	15b. 15c. 15d. 16. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 200.00 0.00
Health insurance Vehicle insurance Other insurance. Specify: . Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	15b. 15c. 15d. 16. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 200.00 0.00
Vehicle insurance Other insurance. Specify: . Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	15c. 15d. 16. 16. 17a. 17b.	\$ \$ \$ \$	200.00 0.00 0.00
Other insurance. Specify: . Do not include taxes deducted from your pay or included in lines 4 or 20. y: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	15d. 16. 17a. 17b.	\$ \$	0.00
Do not include taxes deducted from your pay or included in lines 4 or 20. w: ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	16. 17a. 17b.	\$ \$ \$	0.00
ment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	—— 17a. 17b.	\$	
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Car payments for Vehicle 2 Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	17b.	·	219.00
Other. Specify: Other. Specify: Dayments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		Ъ	0.00
Other. Specify: bayments of alimony, maintenance, and support that you did not report as sted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	17C.	·	0.00
payments of alimony, maintenance, and support that you did not report as ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		·	0.00
ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	17d.	\$	0.00
	18.	\$	0.00
payments you make to support others who do not live with you.		\$	0.00
γ:	19.	<u> </u>	0.00
real property expenses not included in lines 4 or 5 of this form or on Sched		ır Income.	
Mortgages on other property	20a.		0.00
Real estate taxes	20b.	\$	0.00
Property, homeowner's, or renter's insurance	20c.	\$	0.00
Maintenance, repair, and upkeep expenses	20d.	\$	0.00
Homeowner's association or condominium dues	20e.	\$	0.00
Specify:	21.	+\$	0.00
· · · 			
			. =
			4,764.00
opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		l ' <u> </u>	_
dd line 22a and 22b. The result is your monthly expenses.		\$	4,764.00
ate your monthly net income.			
	23a.	\$	5,222.68
		·	4,764.00
1 / /	_00.		7,104.00
Subtract your monthly expenses from your monthly income.			
	23c.	\$	458.68
a do do a CC	te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses. te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above. ubtract your monthly expenses from your monthly income.	te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses. te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. 23a. opy your monthly expenses from line 22c above. 23b.	te your monthly expenses d lines 4 through 21. py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 d line 22a and 22b. The result is your monthly expenses. te your monthly net income. opy line 12 (your combined monthly income) from Schedule I. opy your monthly expenses from line 22c above. 21. +\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$